

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EE	574	7/2/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	8/22/02
2 ✓	4/16/03
3 ✓	7/14/03
4 ✓	✓
5 ✓	
6 O	1
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11 O	O
12 ✓	✓
13 ✓	✓
14 ✓	✓
15 ✓	✓
16 O	O
17 ✓ ✓	✓
18 ✓ ✓	✓
19 O	O
20 O O	✓
21 ✓ =	1
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29 =	=
30 N	✓
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35 O	
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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